

Case Number:	CM13-0061569		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2012
Decision Date:	06/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 7/19/12 while employed by [REDACTED]. Requests under consideration include chiropractic visits 2 times a week for 3 weeks for right elbow; physical therapy (PT) visits 2 times a week for 6 weeks for right elbow and elbow brace for right elbow. The patient has been deemed Permanent & Stationary and is treating under future medical with panel QME recommending therapy for flare-ups. Previous chiropractic care of 24 sessions was denied on 7/12/13 and PT denied in February 2013. Report of 9/9/13 from the chiropractic provider noted patient with chronic pain complaints with unchanged VAS level from previous visit of prior month. There is no report of acute flare or new injuries. Exam showed tenderness at right lateral epicondyle. Diagnosis was right elbow sprain/strain with treatment plan for Chiro, PT, medications, and elbow bracing. The requests for chiropractic care, PT, and Elbow brace were non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CHIROPRACTIC VISITS TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Submitted reports have not adequately addressed the medical indication for chiropractic care nor is there any demonstrated neurological deficit to render chiropractic treatment for this injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from previous extensive conservative treatment for this injury of July 2012. Therefore, the request for chiropractic visits 2 visits 2 times a week for 3 weeks for right elbow is not medically necessary and appropriate.

PHYSICAL THERAPY VISITS TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2012. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. Therefore, the request for physical therapy visits 2 times a week for 6 weeks for right elbow is not medically necessary and appropriate.

ELBOW BRACE FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Splinting (padding), page 128.

Decision rationale: Per guidelines, splinting and padding is recommended for cubital tunnel syndrome or ulnar nerve entrapment, and is to be worn daily and at night, limiting movement,

possibly protecting and reducing irritation from hard surfaces; however, remains under study for use with epicondylitis as no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. Submitted report has not adequately identified clear clinical findings of epicondylitis nor its functional benefit or pain relief from previous use of elbow brace for current purchase request. Therefore, the request for elbow brace for right elbow is not medically necessary and appropriate.